



Classroom Day Pass Travel Request Form



Teacher's/group leader's name _____

School or organization _____

Address _____

Your cell number _____

Your FAX number _____

Your e-mail address _____

Please provide three travel dates so we can do our best to accommodate your group:

First choice _____ Second choice _____ Third choice _____

Departure location _____ Departure time _____

Destination _____ Return time _____

Total number of travelers _____

Number of adults _____ Number of children (up to 18 yrs.) _____

Number of wheelchairs _____

Mode of Transportation:

_____ MTS Trolley _____ MTS Bus _____ COASTER _____ SPRINTER

NCTD Bus _____ Ferry _____

Comments/ special needs _____

Mail or FAX this request with a check or money order (made payable to MTS) to:

Day Pass Coordinator

MTS Bus

100 16th Street

San Diego, CA 92101

FAX: 619-696-3961 • **Note:** No cash, credit card, or P.O.'s accepted

☐ **YES.** Please send me a Teacher Resource Manual.



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